



Remit To:

ORVAL KENT FOOD COMPANY, INC.

36792 Eagle Way  
Chicago, IL 60678-1367

## INVOICE

Invoice Date 07/10/2008

PAYMENT DUE DATE 07/25/2008

Payment Terms Net 15

Invoice Number 90776101

Order Create Date 07/01/2008

Customer P.O.# 368481

Order Number  
305818Bill of Lading  
80316011

Bill to No.:300697	182227	Ship to No.:101721	S.H. RnB
COMMISSARY OPERATIONS,INC - D.I.P. dba COI FOOD 2629 EUGENIA AVENUE NASHVILLE, TN 37211		COI / TIFTON DISTRIBUTION CTR 7833 MAGNOLIA IND BLVD TIFTON, GA 31794	
		Ship Method:Carrier Prepaid	

EXHIBIT


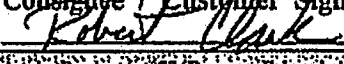
F

Sales Rep	Broker	Terms	Shipped From	Shipped Date
Russell Luke	NON BROKERED	FOB-DESTINATION	Baxter Springs, KS	07/10/2008

Product Code	Product Description/ Discount Description	Cs Quantity	Price per Case	Discounts	Extended Amt
88716	OKFSG RED ONION MARMALADE 1 Net Price	63	43.20 USD		2,721.60 2,721.60

Total Quantity : 63.000  
Total Net weight : 1,512.000

Payer No.:300697	Total Invoice Amount Due	
COMMISSARY OPERATIONS,INC - D.I.P. 2629 EUGENIA AVENUE NASHVILLE, TN 37211	07/25/2008	\$ 2,721.60
	Invoice Number	90776101

		<b>BOL Print Date:</b> 07/10/2008		<b>Original Bill Of Lading</b>	
		<b>Bill Of Lading Number:</b> 8031601		Master Bill of Lading #: 0000187927 Scheduled Ship Date: 07/10/2008 Requested Delivery Date: 07/14/2008 Requested Delivery Time: : Customer Order Number: 305818 Customer P.O #: 368481 Line Haul Carrier: C H ROBINSON WORLDWIDE INC Delivering Carrier: C H ROBINSON WORLDWIDE	
<b>Ship From:</b> Orval Kent - Baxter Springs 100 N Youngman Rd. Baxter Springs, KS 66713 SAP Shipping Point - ZBS1		<b>Ship To (CID #):</b> 101721 COI / TIFTON DISTRIBUTION CTR 7833 MAGNOLIA IND BLVD TIFTON, GA 31794 615-231-4426			
<b>Bill 3 Party Freight charges to:</b> Orval Kent c/o Cass P. O. Box 182038 Columbus, OH 43218					
<b>Product Description:</b>		<b>Code Date:</b>		<b>Quantity:</b>	
88716/ 88716 / OKFSG RED ONION MARMALADE 1		AUG2708DE OCT0808DE		57 6	
				Gross Lbs: 1,504.800 158.400	
<b>GRAND TOTALS:</b>				63 1,663.200	
<b>SHIPPING INSTRUCTIONS</b>					
Driver Identification Verified _____ Initials _____					
Trailer Number : _____ Seal Numbers: _____ Carrier Pro Number : _____ Number of Pallets IN : _____ OUT: _____					
<b>COD Information:</b>		<b>Freight Charge Terms: FOB DESTINATION</b>			
C.O.D. Amount: \$ 0.00 Fee Terms: Collect _____ prepaid _____ Customer Check Acceptable: _____		Frt chgs are prepaid unless otherwise marked: Collect _____ 3rdParty _____ <b>Additional Shipper Information (LTL Only):</b> FRT Class: _____ NMFC # _____			
<b>NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(1)(A) and (B)</b>					
SUBJECT TO SECTION 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without receipt or the consignee, the consignor shall sign the following statement: (The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.)		RECEIVED: Subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and the shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. Carrier acknowledges receipt of packages and required placards. Carrier verifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. PACKAGES ARE RECEIVED IN GOOD ORDER, EXCEPT AS NOTED.			
For _____ (Signature of Consignor) <b>SHIPPER'S CERTIFICATION:</b> The above cargo is properly classified, packaged, marked & labeled & is in proper condition for shipment.		<b>Consignee / Customer Signature:</b> 			
<b>SHIPPER'S SIGNATURE:</b> _____		<b>Carrier SCAC / Customer Signatures:</b> _____			
<b>Date:</b> _____		<b>Date:</b> _____			
Trailer loaded by Shipper _____ Frt counted by Shipper _____ Frt counted by Driver/Pieces _____ Frt counted by Driver/Pallets said to contain _____					